

SERIAL NUMBER 09/359,326	FILING DATE 07/20/99	CLASS 435	GROUP ART UNIT 1643	ATTORNEY DOCKET NO. 30435.54US14
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APPLICANT
ROBERT E REITER, LOS ANGELES, CA; OWEN WITTE, SHERMAN OAKS, CA; DOUG SAFFRAN, LOS ANGELES, CA.

****CONTINUING DOMESTIC DATA*******

VERIFIED THIS APPLN IS A CIP OF 09/308,503 05/17/99
 AND A CIP OF 09/251,835 02/17/99
 AND A CIP OF 09/203,939 12/02/98
 AND A CIP OF 09/038,261 03/10/98
 PROVISIONAL APPLICATION NO. 60/071,141 01/12/98
 PROVISIONAL APPLICATION NO. 60/074,675 02/13/98
 PROVISIONAL APPLICATION NO. 60/124,658 03/16/99
 PROVISIONAL APPLICATION NO. 60/113,230 12/21/98

****371 (NAT'L STAGE) DATA*******

VERIFIED

****FOREIGN APPLICATIONS*******

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/11/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 71	TOTAL CLAIMS 61	INDEPENDENT CLAIMS 5
Verified and Acknowledged <u>12-12</u> Examiner's Initials Initials					

ADDRESS MANDEL & ADRIANO 35 NORTH ARROYO PARKWAY SUITE 60 PASADENA CA 91103
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TITLE PSCA:PROSTATE STEM CELL ANTIGEN AND USES THEREOF

FILING FEE RECEIVED \$1,202	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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